

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000060668

1. Entity Name
FLORIDA PARTS COMPANY



Principal Place of Business
11714-2 BRIARWOOD CIRCLE
BOYNTON BEACH, FL 33437

Mailing Address
% JOEY BERGMAN
PO BOX 7029
DELRAY BEACH, FL 33482



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0599612

Applied For
Not Applicable

5. Certificate of Status Desired

X \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FILLOY, JOSEPH M CPA
100 N. BISCAYNE BLVD.
SUITE 700
MIAMI, FL 33132

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSDV
NAME	BERGMAN, JOEY
STREET ADDRESS	PO BOX 7029
CITY-ST-ZIP	DELRAY BEACH, FL 33482

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1100000207301

02/01/05-80039-023 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joey Bergman JOEY BERGMAN 01/27/05 (561) 369-0003